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Title of Invention:

SYSTEMS AND METHODS FOR ELECTROSURGICAL DISSECTION

AND HARVESTING OF TISSUE

First Named Inventor:

James Pacek

Domestic/Foreign Application:

Domestic Application

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9200

Attorney Docket Number:

NONE

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TRANSMITTAL

Electronic Version v1.1 Stylesheet Version v1.1.0

> Title of Invention

SYSTEMS AND METHODS FOR ELECTROSURGICAL DISSECTION AND HARVESTING OF TISSUE

Application Number:

09/771299

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2001-01-25

First Named Applicant: James L Pacek

Confirmation Number:

9200

Attorney Docket Number:

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Submitted by:	Elec. Sign.	Sign. Capacity
Richard Batt Registered Number: 43485	RRB	Attorney

Documents being submitted us-ids	Files C-11Cardio-usidst.xml us-ids.dtd us-ids.xsl
Comments	



ELECTRONIC INFORMATION DISCLOSURE STATEMENT

Electronic Version v18 Stylesheet Version v18.0

Title of Invention

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09/771299

Confirmation Number:

9200

First Named Applicant:

James Pacek

Attorney Docket Number:

Search string:

(4582056 or 4582057 or 4643186 or 4641649 or 4646737 or 4654024 or 4658817 or 4672962 or 4785815 or 4799479 or 4860743 or 4907586 or 4976709 or 5041109 or 5078736 or 5093877 or 5102410 or 5125924 or 5125926 or 5137530 or 5140987 or 5152759 or 5156151 or 5178618 or 5188635 or 5190540 or 5200604 or 5217455 or 5222938 or 5224953 or 5230334 or 5246438 or 5250045 or 5261410 or 5263951 or 5279299 or 5281211 or 5282797 or 5290273 or 5292321 or 5293868 or 5304170 or 5312395 or 5318525 or 5330496 or 5334190 or 5335668 or 5336217

or 5370642 or 5370644).pn.

US Patent Documents

Note: Applicant is not required to submit a paper copy of cited US Patent Documents

init	Cite.No.	Patent No.	Date	Patentee	Kind	Class	Subclass
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	2	4582057	1986-04-15	Auth			
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49	5370642	1994-12-06	Keller
50	5370644	1994-12-06	Langberg

Remarks

Note: Remarks are not for responding to an office action.

This submission is part 6 of 8 parts each submitted on August 20, 2004. The first part of this submission (part 1) has been concomittently filed via priority mail in a BOX with instructions for the PTO to charge the proper fee, if necessary. Thank you.

Signature

Examiner Name	Date		